|         |              | FEE DETERMINA     |                |
|---------|--------------|-------------------|----------------|
| DATERIT | ADDI ICATION | CCC DETERMINE     | ATION DECODO   |
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|         |              |                   |                |

Effective October 1, 2000

Application or Docket Number

69911859

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                  |                               |              |                  |            | SMALL ENTITY TYPE   |                        | OR             | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|---|---|------------------|-------------------------------|--------------|------------------|------------|---------------------|------------------------|----------------|-------------------------------|------------------------|
| TOTAL CLAIMS  |   |   |                  |                               |              |                  |            | RATE                | FEE                    |                | RATE                          | FEE                    |
| FOR   |   |   | NUMBER FILED     |                               | NUMBER EXTRA |                  |            | BASIC FEE           | 355.00                 | OR             | BASIC FEE                     | · 710.00               |
| TOTAL CHARGEABLE CLAIMS 3   |   |   | 3 6 min          | \$ 6 minus 20= 16             |              | ,                |            | X\$ 9=              |                        | OR             | X\$18=                        | 288                    |
| INDEPENDENT CLAIMS C minu   |   |   | nus 3 =          | .00                           |              |                  | X40=       |                     | OR                     | X80=           | 160                           |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                  |                               |              |                  |            | +135=               |                        | OR             | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |                  |                               |              |                  |            | TOTAL               |                        | OR             | TOTAL                         | 1158                   |
| 7/19/05 CLAIMS AS AMENDED - PART II   |   |   |                  |                               |              |                  |            | IOIAL               |                        | Jon            | OTHER                         |                        |
| (Column 1)  |   |   |                  |                               | mn 2)        | (Column 3)       |            | SMALL E             | ENTITY                 | OR             | SMALL                         | ENTITY                 |
| AMENDMENT A   | · · · · · · · · · · · · · · · · · · ·   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NDM   | Total   | .26                                       | Minus            | <b>.</b> 3                    | 6            | 8                |            | X\$ 9=              |                        | OR             | X\$18=                        |                        |
| AME   | Independent   | · 5                                       | Minus            | ••• 6                         | 5            | =                |            | X40=                |                        | OR             | X80=                          |                        |
|   | PINST PRESE   | NTATION OF M                              | ULTIPLE DEI      | ENDEN                         | CLAIM        |                  | <b>ا</b> ا | +135=               |                        | OR             | +270=                         |                        |
|   |   | •   |                  |                               |              |                  | L          | TOTAL<br>ADDIT. FEE |                        | OD.            | TOTAL<br>ADDIT, FEE           |                        |
|   |   | (Column 1)                                | Contract         | . (Colu                       |              | (Column 3)       |            | . :                 |                        |                | · :                           |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | PREVI                         | BER          | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total   | •   | Minus            | **                            | ·            |                  |            | X\$ 9=              |                        | OR             | X\$18=                        | •                      |
| AME   | Independent   |   | Minus            | ***                           |              | =                | 11         | X40=                |                        | OR             | X80=                          |                        |
|   | FIRST PRESE   | NTATION OF MI                             | JLIIPLE DEF      | ENDEN                         | CLAIM        |                  | J ॄ        | +135=               | ٠.                     | OR             | +270=                         |                        |
|   |   |   |                  |                               |              | •                | L          | TOTAL               |                        |                | TOTAL<br>ADDIT. FEE           |                        |
|   |   | (Column 1)                                | •                | (Colu                         | mn 2)        | (Column 3)       |            | ADDIT. FEE          |                        | •              | ADUIT. PEE                    |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                          | ADDI-<br>TIONAL<br>FEE |
| ŽQN   | Total   | •   | Minus            | **                            |              | =                |            | X\$ 9=              |                        | OR             | X\$18=                        |                        |
| AME   | Independent   | •   | Minus            | ***                           |              |                  | ]          | X40=                |                        |                | X80=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                  |                               |              |                  |            |                     |                        |                |                               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                  |                               |              |                  |            |                     |                        | +270⇒<br>TOTAL |                               |                        |
| . ••••  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OPEN THIS SPACE IS LESS than 20, enter "3."  **OPEN THIS SPACE IS LESS than 3, enter "3."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                  |                               |              |                  |            |                     |                        |                |                               |                        |
|   | INDALISER OF LAND   | iber Previously Pa                        | 10 FOT (1012) 0: | ringepend                     | enu) is the  | ngnest numb      | er tou     | ing in the app      | ropnate box            | ( IN OO        | iumn 1.                       |                        |